PAGE 1/8

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Marc for US Inc. PO Box 5158 ADDRESS (number and street) (Check if address is changed) Poughkeepsie 12602 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address tmoose@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) MarcforUS.com (Check if address is changed) DATE 03 09 2023 C00789586 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 04 13 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate Molinaro, Marcus, J., ,	
	Party Affiliation REP Sought: House Senate President	State NY
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1. C	

I	FEC Form 1 (Revised (	02/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			
6.	Marc for US In	C. rganization, Affiliated Committee, Joint Fu	undraising Representati	ve or Leadershin PAC Sponsor
0.	<u>-</u>	N NOMINEE FUND 2022	nuraising nepresentativ	ve, or Leadership FAC Sponsor
	Mailing Address	PO BOX 9891		
		1		
		ARLINGTON	I VA	22219
		CITY ▲	STATE .	▲ ZIP CODE ▲
	Relationship: Connected	Organization  X Affiliated Organization	Joint Fundraising Represe	entative Leadership PAC Sponso
		ga and ga and	<b>3</b>	
<del></del>	Custodian of Records: Iden	ify by name, address (phone number option	al) and position of the per	son in possession of committee
	books and records.			
	Lisker, Lisa	à, , ,		
	Full Name			
	Mailing Address	228 S. Washington St.		
		Ste. 115		
		Alexandria	VA VA	22314
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Assistant Treasurer		Telephone number	703   -   549   -   7705
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the assistant treasurer).	treasurer of the committ	tee; and the name and address of
	Full Name Lisker, Lisa	<b>A</b> , , ,		
	of Treasurer			
	Mailing Address	228 S Washington St		
		Ste 115		
		Alexandria	VA	
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	703 - 549 - 7705

FEC Form	1 (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Moose, Taylor, , ,		
Mailing Address	228 S. Washington St.		
	Ste. 115 Alexandria	VA	22314
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	rer Telepl	hone number 703	549 7705
	<b>Depositories:</b> List all banks or other depositories in which the exes or maintains funds.	committee deposits fund	s, holds accounts, rents
Name of Bank, I	Depository, etc.		
	Truist/BB&T		
Mailing Address	1445 New York Ave., NW		
	4th FI.		
	Washington	DC :	20005
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 2	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

n). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected (	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
MOLINARO VICTO	DRY COMMITTEE		
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Solution Join by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name			Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mai	by name, address (phone number – optional)  CITY   CITY   es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mai ame of Bank, Evolve epository, etc.	by name, address (phone number – optional)  CITY   CITY   es: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mai	by name, address (phone number – optional)  CITY   CITY   es: List all banks or other depositories in which ntains funds.  Bank & Trust	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mai ame of Bank, Evolve epository, etc.	by name, address (phone number – optional)  CITY   CITY   es: List all banks or other depositories in which ntains funds.  Bank & Trust	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

or(h). <b>Joint Fundraisin</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Spon
Full Name	y by name, address (phone number – optional)		
Mailing Address			
	CITY ▲	STATE A	ZIP CODE ▲
TITLE OR POSITION	•	1	1 1 1 1
		elephone Number	
safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.  Fargo Bank	the committee deposit	s funds, holds accounts, rents
Depository, etc.			
Mailing Address	8302 Woodmont Ave		
	Bethesda	MD	20814

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

n). <b>Joint Fundraisin</b> o							
1.				FEC ID I		C	-
2.				FEC ID I	number	C	
3.				FEC ID I	number	C	
4.				FEC ID I	number	C	
ame of Any Connected		ated Committee	, Joint Fundr	aising Repre	sentative	e, or Leadership PAC	C Spor
PROTECT THE H	OUSE 2024						1 1
Mailing Address	PO BOX 30844						
	BETHESDA				MD	20824	
Relationship:		CITY ▲			STATE A	ZIP COI	DE 🛦
	Organization	Affiliated Committe	ee X Joint	Fundraising F	Representa	ative Leadership	
Connected		Affiliated Committe		Fundraising F	Representa	ative Leadership	
Connected esignated Agent: Identify		Affiliated Committe		Fundraising F	Representa	Leadership	
Connected esignated Agent: Identify Full Name		Affiliated Committe		Fundraising F	Representa	ative Leadership	
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Committe	- optional)		Representa	Leadership	PAC S
Connected esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Committee (phone number	- optional)		Representa		PAC S
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Committee	optional)		ATE A		PAC S
Connected esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Committee (phone number	- optional)	ST elephone Num	ATE Anber	ZIP CODE	PAC S
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail	by name, address	Affiliated Committee (phone number	- optional)	ST elephone Num	ATE Anber	ZIP CODE	PAC S
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address	Affiliated Committee (phone number	- optional)	ST elephone Num	ATE Anber	ZIP CODE	PAC S

FEC Form 1S (Revised 02/2017)

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisin</b>	g Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
ame of Any Connected	Organization, Affiliated Comr	nittee, Joint Fundr	aising Representativ	e, or Leadership PAC Spon
FRESHMAN AGE	ICULTURAL REPUBL	ICAN MEMBE	RS TRUST AK	A FARM TRUST
	. DO DOV 20044			
Mailing Address	PO BOX 30844			
	BETHESDA		MD MD	20824
Relationship:	CITY	•	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Co		Fundraising Depresent	La sala valeta DAO O
	Allillated CC	Immittee Joint	Fundraising Represent	ative Leadersnip PAC 5
	by name, address (phone nu		rundraising Represent	ative Leadership PAC 5
			rundraising Represent	Leadersnip PAC 5
esignated Agent: Identify			rundraising Represent	Leadersnip PAC 5
esignated Agent: Identify			rundraising Represent	ative Leadership PAC S
esignated Agent: Identify		mber – optional)		
esignated Agent: Identify  Full Name	by name, address (phone nu	mber – optional)		
esignated Agent: Identify	by name, address (phone nu	mber – optional)		
Full Name Mailing Address  TITLE OR POSITION	by name, address (phone number of the property	mber – optional)	STATE A lephone Number	ZIP CODE A
Full Name   Mailing Address	by name, address (phone number of the property	mber – optional)	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	by name, address (phone number of the property	mber – optional)	STATE A lephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	by name, address (phone number of the property	mber – optional)	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito aftety deposit boxes or material depository, etc.	by name, address (phone number of the property	mber – optional)	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito aftety deposit boxes or material depository, etc.	by name, address (phone number of the property	mber – optional)	STATE A lephone Number	ZIP CODE A